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SECRETARY OF STATE

C. GOLDEN JUL 12 2018

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: AC Behavorial C	
DOCUMENT NUMBER: p18000054	Name of Corporation 4314
 The enclosed Articles of Correction and fo	ee are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
Ariadna Cuson	
Name of Contact Person	
AC Behavioral Consult	tants
Firm/Company	
359 Grand Concvourse	e
Address	
Miami, FI 33138	
City/State and Zip Code	
ariadnacuson@gmail.d	com
E-mail address (to be used for future annual r	eport notification)
 	atter, please call:
Ariadna Cuson	at (305)519-2855
Name of Contact Person	Area Code & Daytime Telephone Number
 Enclosed is a check for the following amo	punt:
\$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status
\$43.75 Filing Fee & Certified Copy	□ \$52.50 Filing Fee, Certificate of Status & Certified Copy
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations PlO. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

ARTICLES OF CORRECTION

FILEU

For

2018 JUL 10 PM 4: 05

AC Behavorial Consultants Inc

Name of Corporation as currently filed with the Florida Dept. of State

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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Document Number (if known)

Pursuant to the provisions of Section these Articles of Correction within 30	607.0124 or 617.0124, Florida Statutes, this corporation files 0 days of the file date of the document being corrected.
These articles of correction correct	ARTICLES OF INCORPORATION
	(Document Type Being Corrected)
li de la companya de	6/19/2019

f	iled with the Department of State on O/10/2010
	(File Date of Document)
	pecify the inaccuracy, incorrect statement, or defect:
	Name correction
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(orrect the inaccuracy, incorrect statement, or defect:
,	AC Behavioral Consultants, Inc
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(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Ariadna Cuson

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00